

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107853

FILED
May 15, 2007
Secretary of State

Entity Name: UTRADE LLC

Current Principal Place of Business:

6374 N.W. 97TH AVENUE
DORAL, FL 33178

New Principal Place of Business:

4769 NW 72 AVENUE | I
MIAMI, FL 33166

Current Mailing Address:

P.O BOX. 226396
MIAMI, FL 33122

New Mailing Address:

FEI Number: 04-3832821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HARTMANN, WILHELM
6374 N.W. 97TH AVENUE
DORAL, FL 33178 US

Name and Address of New Registered Agent:

HARTMANN, WILHELM
4769 NW 72 AVENUE | I
MIAMI, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

05/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARTMANN, WILHELM
Address: 6374 N.W. 97TH AVENUE
City-St-Zip: DORAL, FL 33178

Title: MGR (X) Delete
Name: TABARES, ROSSANA
Address: 8928 SW 5TH TERR
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARTMANN, WILHELM
Address: 4769 NW 72 AVENUE
City-St-Zip: MIAMI, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILHELM HARTMANN

MGRM

05/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date